



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/517,245-Conf. #2894
<b>TOTAL AMOUNT OF PAYMENT</b>		Filing Date	December 7, 2004
(\$)		First Named Inventor	Takahiro Miyake
940.00		Examiner Name	Ortiz Criado, Jorge L.
		Art Unit	2627
		Attorney Docket No.	62532RCE(70904)

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20.						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - or HP = _____ x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3.						

**3. APPLICATION SIZE FEE**

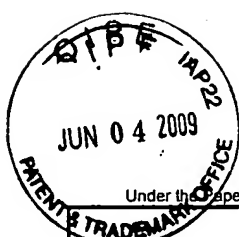
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...	810.00
1251 Extension for response within first month	130.00

<b>SUBMITTED BY</b>			
Signature	<u>David A. Tucker</u>	Registration No. (Attorney/Agent)	27,840
Name (Print/Type)	David A. Tucker	Telephone	(617) 517-5508
		Date	June 4, 2009



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PTO/SB/17 (10-08)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL

### For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 940.00

Complete if Known

Application Number	10/517,245-Conf. #2894
Filing Date	December 7, 2004
First Named Inventor	Takahiro Miyake
Examiner Name	Ortiz Criado, Jorge L.
Art Unit	2627
Attorney Docket No.	62532RCE(70904)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)  
- or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  
- or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
- 100 = /50 = (round up to a whole number) x =

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1251 Extension for response within first month 130.00

##### SUBMITTED BY

Signature	David A. Tucker	Registration No. (Attorney/Agent)	27,840	Telephone	(617) 517-5508
Name (Print/Type)	David A. Tucker	Date	June 4, 2009		



Application No. (if known): 10/517,245

Attorney Docket No.: 62532RCE(70904)

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Telephone Number

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Fee Transmittal (2 pages)  
Petition for One-Month Extension of Time (2 pages)  
Request for Continued Examination Transmittal (2 pages)  
Copy of Amendment After Final Filed 28 April 2009 (17 pages)  
Return Receipt Postcard  
Authorization to charge \$940.00 to deposit account 04-1105